

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000913

FILED
Apr 22, 2007
Secretary of State

Entity Name: ANIMAL CARE & EDUCATION, INC.

Current Principal Place of Business:

6601 SW 85 STREET
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6601 SW 85 STREET
MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-0413869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIY, BERNADETTE
6601 SW 85 STREET
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CIDADE, ALICIA DVM
Address: 3613 SW 23 TERR
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: LATHOURAKIS, STEVEN G.
Address: 3613 SW 23 TERR
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: GRUSZECZKA, TOOTIE
Address: 8050 SW 152 AVE, UNIT 414
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: SIY, BERNADETTE
Address: 6601 SW 85 STR
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: SWAN, MAUREEN
Address: 11215 SW 88 STR, B117
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: CHAMBERS, ELIZABETH
Address: 549 DESOTO DR.
City-St-Zip: MIAMI SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SWAN, MAUREEN
Address: 13155 BISCAYNE BAY TERRACE
City-St-Zip: NORTH MIAMI, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNADETTE SIY

D

04/22/2007

Electronic Signature of Signing Officer or Director

Date